

Summer Food Service Program
Corrective Action Form

Name of Sponsor: _____

Date: _____

Site Name: _____

Please provide a description of the method used to secure corrective action if problems are observed at a site, including plan for follow-up and explanation of when a site would be closed.

Area Found to be in non-compliance	Description of the method used to correct Corrective Action	Plan for follow-up to ensure non-compliant issues are resolved	Date Corrective Action Completed

Signature of Preparer: _____

Title: _____